

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00075820         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           262313.23         </div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.042270</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate ANN KIRKPATRICK		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1202643.59         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FP1 STRATEGIES LLC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 15 / 2014         </div>	
Mailing Address PO BOX 16504		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           21250.00         </div>	
City ALEXANDRIA	State VA	Zip Code 22302	<b>Transaction ID : SE24-0.042287</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate RONALD BARBER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
<div style="display: inline-block; border: 1px solid black; padding: 2px;">           784339.18         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         283563.23       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         283563.23       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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 09 / 16 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>16</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		09			D	D		16			Y	Y	Y	Y	Y	Y	2014					
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Mailing Address 815 SLATERS LANE			Amount <table border="1" style="width:100%"> <tr><td>186778.45</td></tr> </table>			186778.45																							
186778.45																													
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042274																										
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>16</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		09			D	D		16			Y	Y	Y	Y	Y	Y	2014					
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Name of Federal Candidate RONALD BARBER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>784339.18</td></tr> </table>	784339.18	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																									
784339.18																													

Full Name of Payee <b>GS STRATEGY GROUP</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>15</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		09			D	D		15			Y	Y	Y	Y	Y	Y	2014					
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Mailing Address 350 N 9TH ST SUITE 550			Amount <table border="1" style="width:100%"> <tr><td>9491.21</td></tr> </table>			9491.21																							
9491.21																													
City BOISE	State ID	Zip Code 83702	Transaction ID : SE24-0.042292																										
Purpose of Expenditure SURVEY RESEARCH		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>16</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		09			D	D		16			Y	Y	Y	Y	Y	Y	2014					
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Y	Y	Y	Y	Y	Y																								
2014																													
Name of Federal Candidate SCOTT PETERS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>446005.06</td></tr> </table>	446005.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																									
446005.06																													

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>196269.66</td></tr> </table>	196269.66
196269.66		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"> <tr><td> </td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td> </td></tr> </table>	

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Keith A. Davis

[Electronically Filed]

Date

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Y	Y	Y	Y	Y	Y
2014					

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>GS STRATEGY GROUP</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>		
Mailing Address <b>350 N 9TH ST SUITE 550</b>			Amount <b>9491.20</b>		
City <b>BOISE</b>	State <b>ID</b>	Zip Code <b>83702</b>	Transaction ID : <b>SE24-0.042293</b>		
Purpose of Expenditure <b>SURVEY RESEARCH</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>CARL DEMAIIO</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>52</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>446005.06</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>IMGE</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>		
Mailing Address <b>603 KING ST 4TH FLR</b>			Amount <b>25425.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.042285</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>SCOTT PETERS</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>52</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>446005.06</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>34916.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 16 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>IMGE</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>		
Mailing Address <b>603 KING ST 4TH FLR</b>			Amount <b>25425.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.042286</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>CARL DEMAIIO</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>52</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>446005.06</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>		
Mailing Address <b>815 SLATERS LANE</b>			Amount <b>162173.82</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.042276</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>SCOTT PETERS</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>52</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>446005.06</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>187598.82</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Keith A. Davis

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 5 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00075820         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           162173.83         </div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.042277</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate CARL DEMAIIO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

446005.06

Full Name of Payee <b>SOMETHING ELSE STRATEGIES</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 15 / 2014         </div>	
Mailing Address 212 GOLDEN WILLOW CT		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           14225.00         </div>	
City EASLEY	State SC	Zip Code 29642	<b>Transaction ID : SE24-0.042290</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 16 / 2014         </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate SCOTT PETERS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

446005.06

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">         176398.83       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>

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Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 6 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SOMETHING ELSE STRATEGIES</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>	
Mailing Address 212 GOLDEN WILLOW CT			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14225.00</div>	
City EASLEY	State SC	Zip Code 29642	<b>Transaction ID : SE24-0.042291</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>	
Purpose of Expenditure MEDIA		Category/ Type	Name of Federal Candidate CARL DEMAIIO	
Name of Federal Candidate CARL DEMAIIO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">85424.01</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.042254</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>	
Purpose of Expenditure MEDIA		Category/ Type	Name of Federal Candidate GWEN GRAHAM	
Name of Federal Candidate GWEN GRAHAM		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">99649.01</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 16 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 7 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
M	M	M																									
D	D	D																									
Y	Y	Y	Y	Y	Y																						

Full Name of Payee <b>FP1 STRATEGIES LLC</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td>15</td><td>2014</td></tr> </table>			M	M	M	09	15	2014
M	M	M									
09	15	2014									
Mailing Address PO BOX 16504			Amount 21400.00								
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24-0.042289								
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td>16</td><td>2014</td></tr> </table>			M	M	M	09	16	2014
M	M	M									
09	16	2014									
Name of Federal Candidate JOHN BARROW		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA								
Calendar Year-To-Date Per Election for Office Sought 906919.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶								

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td>16</td><td>2014</td></tr> </table>			M	M	M	09	16	2014
M	M	M									
09	16	2014									
Mailing Address 815 SLATERS LANE			Amount 137644.31								
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042271								
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>09</td><td>16</td><td>2014</td></tr> </table>			M	M	M	09	16	2014
M	M	M									
09	16	2014									
Name of Federal Candidate JOHN BARROW		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA								
Calendar Year-To-Date Per Election for Office Sought 906919.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶								

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	159044.31
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

M	M	M
09	16	2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 8 OF 16

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>NORTH STAR OPINION RESEARCH INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>
Mailing Address <b>112 N ALFRED ST</b>		Amount <b>15733.34</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>SURVEY RESEARCH</b>	Category/Type	Transaction ID : <b>SE24-0.042303</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate <b>JOHN BARROW</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought <b>906919.32</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>MCCARTHY HENNINGS WHALEN, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>
Mailing Address <b>1850 M ST NW</b> <b>STE 235</b>		Amount <b>25444.61</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036-5837</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.042294</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate <b>DAVID YOUNG</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>510734.21</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>41177.95</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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**09 / 16 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>71077.77</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.042272</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate <b>STACI APPEL</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>510734.21</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>71077.78</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.042273</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate <b>DAVID YOUNG</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>510734.21</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>142155.55</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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**09 / 16 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>153724.01</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.042264</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>WILLIAM L ENYART JR</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>628401.81</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>102482.68</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.042268</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>MIKE J BOST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>628401.81</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>256206.69</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Keith A. Davis

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**09 / 16 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 11 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 16 / 2014</div> </div>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">283322.97</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24-0.042255</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 16 / 2014</div> </div>
Purpose of Expenditure <b>MEDIA</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate <b>COLLIN C PETERSON</b>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MN</b> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

711915.92

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 16 / 2014</div> </div>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">222027.75</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24-0.042256</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 16 / 2014</div> </div>
Purpose of Expenditure <b>MEDIA</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate <b>RICHARD M NOLAN</b>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MN</b> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

631864.88

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">505350.72</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Keith A. Davis

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Date

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09 / 16 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>		
Mailing Address <b>815 SLATERS LANE</b>			Amount <b>222366.46</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.042257</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>TIMOTHY BISHOP</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>		
Calendar Year-To-Date Per Election for Office Sought <b>630214.86</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>HALEY O'NEILL LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>		
Mailing Address <b>PO BOX 16015</b>			Amount <b>13194.88</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22302</b>	Transaction ID : <b>SE24-0.042298</b>		
Purpose of Expenditure <b>SURVEY RESEARCH</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>AARON WOOLF</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>		
Calendar Year-To-Date Per Election for Office Sought <b>180076.57</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>235561.34</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**09 / 16 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 13 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>MCLAUGHLIN AND ASSOCIATES INC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 15 / 2014</div> </div>	
Mailing Address 566 S RT 303		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>20000.00</div> </div>	
City BLAUVELT	State NY	Zip Code 10913	<b>Transaction ID : SE24-0.042296</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 16 / 2014</div> </div>
Purpose of Expenditure SURVEY RESEARCH		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Name of Federal Candidate AARON WOOLF		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>180076.57</div> </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014		<input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>MCLAUGHLIN AND ASSOCIATES INC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 15 / 2014</div> </div>	
Mailing Address 566 S RT 303		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>2000.00</div> </div>	
City BLAUVELT	State NY	Zip Code 10913	<b>Transaction ID : SE24-0.042297</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 16 / 2014</div> </div>
Purpose of Expenditure SURVEY RESEARCH		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Name of Federal Candidate AARON WOOLF		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>180076.57</div> </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014		<input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	22000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY

09 / 16 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 14 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">102381.69</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24-0.042269</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure <b>MEDIA</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate <b>AARON WOOLF</b>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

180076.57

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2500.00</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24-0.041417</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure <b>MEDIA</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate <b>AARON WOOLF</b>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

180076.57

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">104881.69</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

09

16

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>SCOTT HOWELL AND COMPANY, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>
Mailing Address 3900 WILLOW ST STE 200		Amount 40000.00
City DALLAS	State TX	Zip Code 75226
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042295 Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate AARON WOOLF	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 180076.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FP1 STRATEGIES LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>
Mailing Address PO BOX 16504		Amount 21200.00
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042288 Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate NICK J RAHALL II	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 861467.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	61200.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 16 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 16 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>221628.14</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.042275</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>NICK J RAHALL II</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <b>861467.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>221628.14</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>2727602.14</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 16 / 2014**

Signature